

# School Health Advisory Committee

January 10<sup>th</sup>, 2002

American Cancer Society  
2433 Ridgepoint Drive, Rm. 226  
Austin, Texas 78754  
10:30 a.m. – 2:30 p.m.

---

## **Committee Members**

Alma Golden, M.D.  
Ann Sims, M.D.  
Cathy Harris, R.N.  
Stephanie Benold  
David Wiley  
Michelle Smith, Vice-Chair

Linda Thune  
Michael Hinojosa, Ed.D.  
Charles “Dave” Shobe  
Jenni Jennings  
Ruth Stewart, Chair  
Jane Tustin, R.N.

## **Staff Present:**

Mike Messinger, Facilitator  
Diane Montoya, School Health Program  
Michelle McComb, R.N., School Health Program

Mary Jackson, R.N., School Health Program  
Jann Melton-Kissel, R.N., M.B.A.,  
Chief, Bureau of Children’s Health

## **Visitors:**

Mark Hanna, Texas Nurses Association  
Pam Burke, Texas Association of School Nurses  
Stephanie Tabone, Director of Practice TNA  
Cindy Ashby, Texas Counseling Association  
Diane Rhodes, Texas Dental Association  
Kathy King-Tryce, Texas Department of Health,  
Diabetes Program

Tricia Hill, Board of Vocational Nurse Examiners  
Jeffrey Henderson, University of Texas, School of  
Medicine  
Judy Fredericks, Children’s/Austin I.S.D., School Health  
Services

---

## **Meeting called to order; Review of agenda**

### **Introduction & welcome for new committee members**

### **Review of previous meeting minutes & public comment period**

1. Corrections
  - a. Page 3, Subcommittee for Action, (2) (e): should state “School of Public Health” instead of “School of Nursing.”
  - b. Minutes approved as corrected for public dissemination.
2. Public Comment
  - a. Stephanie Tabone, Texas Nurses’ Association – this organization is following the latest education bill (McCarthy, New York) that would allow funding for school nurses, as well as other bills related to health services.
  - b. The National Association of State School Nurse Consultants (NASSNC) organization is also following this type of legislation.

### **Legislative Subcommittee, Undesignated chair, facilitator activity**

The CHIP issue has an estimated \$29,000,000.00 overdraft for the next fiscal year, and the enrollment continues to grow. CHIP Organizers must begin looking for a way to limit the enrollment, in order to reduce the shortfall, the committee is asked to watch how CHIP intends to reduce the enrollment. Additionally, there are not enough providers to meet the demand of children eligible.

1. Relating to Acanthosis Nigricans (AN/ HB2989), Dr. Golden is concerned about having a registry for children that may affect the type of coverage that they could received later in their lives (pre-existing condition).
2. Ruth Stewart, Chair, asked Kathy King-Tryce, TDH – Diabetes Program, to keep the committee abreast of these concerns raised by committee members, Ms. Tryce agreed to bring information back to the committee related to this discussion for future meetings.
3. Relating to AN, many physicians are not following through with the recommendations of school nurses in their initial identification of AN, as required screenings (HB 2989) proceed. Also, many physicians do not even recognize the legislative mandate of this screening<sup>1</sup>. Accountability needs to be an issue with this piece of legislation.
4. Mike Messinger commented to the committee that it may be helpful to have a study done which compares the cost of long range care of diabetes vs. the program which is already in place.

# School Health Advisory Committee

January 10<sup>th</sup>, 2002

American Cancer Society  
2433 Ridgepoint Drive, Rm. 226  
Austin, Texas 78754  
10:30 a.m. – 2:30 p.m.

5. Subcommittee is pleased with these issues and will begin compiling information for the committee. The committee requests guidance from TDH's Office of Governmental Relations regarding legislative interests.
6. TDH protocol must be followed should the committee make recommendations, but each member does have their own voice, and it must be understood as to what type of legislation we will enter into. Stakeholder groups may choose to include some of the SHAC legislative recommendations in their own organization's agenda for 2003 in addition to, or instead of TDH.
7. There is a heated race for the governor; lots of issues were turned upside down for the executive branch. This fact will affect some of the committee's issues.
8. For the first time in the history of Texas, different parties could dominate the projected composition of the senate and the house.
  - a. Loss of key members include Paul Sadler, Junell
  - b. There will be an increase in the number of freshman due to redistricting.
9. Funding issues with the state (no new money available) are an influencing factor for our issues.
  - a. How will they fund the second year of the teacher's health insurance?
  - b. Having a significant surplus is nonexistent., but it won't be all doom and gloom either.
10. The committee should still look at what is important to the committee. We don't want to take a step back – sometimes the issues is play offense to get new stuff, and sometimes the issue is to play defense in order to keep what we've got.
  - a. If issues require funding, they could be put on a deferral;
  - b. The committee should proceed with enthusiasm and vigor.
11. Stakeholder Stephanie Tabone also let the committee know of the existence of an Obesity Task Force located within the Texas Department of Health which may be useful to utilize in the future (for recommendations).
12. Jenny Jennings indicated that the Dallas Public Schools have changed their name to the Dallas Independent School District.
13. The Texas Association of School Administrators (TASA) and the Texas Association of School Boards (TASB) will always look at fiscal effects on school districts (i.e. "unfunded mandates). The committee needs to be strategic at forming alliances with these groups.

## **Brainstorming several issues of interest proposed and passed during the 2001 legislative session.**

The school health advisory committee needs to anticipate school health related issues that may be addressed through legislative initiatives of other agency or organizations during the next session. The discussion produced a list of potential issues the subcommittee will review, prioritize, and explore funding issues associated with some items on the list. *(Please contact the School Health Program for a copy of the brainstorming list).*

## **Survey Subcommittee - Michelle Smith subcommittee chair (BLUE handout)**

1. Status of on-line fall 2001 district survey
  - a. Current survey is being answered in the districts, private, & charter schools.
  - b. The subcommittee desires to know what is cumbersome about this survey;
  - c. Other problems associated with filling out this survey.
  - d. Research and Public Health Assessment (RPHA) is tallying the data for the subcommittee and was able to provide a short report for the committee (handout).
2. Notices to school districts
  - a. Will be sent by the January 15<sup>th</sup> deadline to subscribers of the Nurse Administrator Database, processed through the school health specialists, and other means of contact to districts.
  - b. A short report should be able to process where information is lacking and an effort will be made by the program to contact those who have not entered their survey information on-line.
3. Suggestion on dissemination of future surveys tabled until data from this survey has been received into TDH, and processed.
4. Program input
  - a. Lots of questions the program has received originate from single nurse districts (who serve more than one campus, and sometimes more than one district).

# School Health Advisory Committee

January 10<sup>th</sup>, 2002

American Cancer Society  
2433 Ridgepoint Drive, Rm. 226  
Austin, Texas 78754  
10:30 a.m. – 2:30 p.m.

## **Nominations to Subcommittee chairs**

1. Nomination for Roles & Responsibilities subcommittee chair
  - a. Move to nominate Ann Sims, M.D., as the subcommittee chair; move seconded; committee consensus to have Dr. Sims as chair of this subcommittee;
2. Nomination for Marketing subcommittee chair
  - a. Move to nominate Michelle Smith as the subcommittee chair; move seconded; committee consensus to have Ms. Smith as the chair of this subcommittee;
3. Nomination for Position Statements chair
  - a. Move to nominate Cathy Harris, R.N., as the subcommittee chair; move seconded; committee consensus to have Ms. Harris as the chair for this subcommittee.

## **Roles & Responsibilities Subcommittee – Ann Sims, M.D., subcommittee chair**

1. Status of definitions of roles & responsibilities paper, modified by Jane Tustin, subcommittee member
  - a. Several additions including role of the medical advisor in a school setting;
  - b. Addition of “services” in topic heading reading “school health services coordinator.”
  - c. Jenni Jennings discussed with the group mental health roles (i.e. licensed specialist in school psychology, psychologist, school psychologist, diagnostician be defined)
  - d. Discussion followed regarding the eight components from the model of comprehensive school health
  - e. Group consensus to have the School Health Services defined first and then other roles mentioned above will follow, with stakeholder collaboration.
2. Action item tabled for next meeting, to give committee time to digest roles and offer input to subcommittee.
3. Tier Level draft paper given to committee for input
  - a. tabled for the next meeting after changes and suggestions implemented into paper and data from Fall 2001 district survey.
4. Revision necessary to action plan to reflect activity.

## *Break for Lunch*

## **School Health Program update**

1. New Leadership within the Associateship for Family Health
  - a. Introduction of Jann Melton-Kissel, R.N., M.B.A., a twenty-six year veteran of TDH, is Chief of the Bureau of Children's Health replacing Mike Montgomery who has relocated to the Bureau of Women Infants and Children (WIC).
    - 1) Ms. Melton-Kissel excited about the committee, and commended the group for its stability and professionalism.
    - 2) Issues surfacing on the financial aspect of the Associateship, under the direction of Debra Wanser, R.N., M.P., Aff., (replacing Dr. H. Mark Guidry) which has an impact on the committee as well.
2. Introduction of stakeholder Judy Fredericks (Seton/AISD Children's Health Services).
  - a. Ms. Fredericks nominated Stephanie Benold (new member to the committee) and is pleased with Ms. Benold's presence on the committee.
3. Awards for Excellence
  - a. This program, administered by TDH's School Health Program through the Texas Health Foundation (THF), awards schools or school districts grants of up to \$1500.00 that have an excellent school health program.
  - b. Volunteer judges within TDH and other organizations interested in school health services review applications.
  - c. The program has already received approximately 200 requests for the application, which historically receives fifty applications for the award money.
4. The next round of School- Based Health Center (SBHC) request for proposals (RFP's) is underway with money going towards school districts that will address underserved population within their communities. The Program will award two grants for new SBHC's in FY 2003 as well as continue funding at a reduced rate to the seven currently being funded.

# School Health Advisory Committee

January 10<sup>th</sup>, 2002

American Cancer Society

2433 Ridgepoint Drive, Rm. 226

Austin, Texas 78754

10:30 a.m. – 2:30 p.m.

5. The Program has brought to the table a briefing paper (handout) regarding spinal screener eligibility with the intention of soliciting a discussion and consensus from the committee. The advisory committee's recommendation along with stakeholder input is important to the Board of Health (BOH), action at the February or March meeting.
  - a. The department has been notified of high school's health/science technology students involved in school spinal screening. This is not addressed in the current rules regarding HB 832 (1985 Texas Legislative Session).
  - b. It is the intent of the program responsible for the review to include suggestions of stakeholders and other interested parties to alter the current set of rules related to HB 832.
  - c. Four options are condensed and brought for the consideration of the committee:
    - 1) "Include language in the definition of "screener" that would specify the person must be an adult (as defined in the Family Code) and a non-high school student (for those students already 18);
    - 2) Leave the decision up to local high school district authority to determine appropriateness of screeners;
    - 3) Allow screener certification to high school students under strict stipulations that TDH would define;
    - 4) Allow screener certification to all interested parties without limitations.
  - d. Inquiries were made to the Texas Education Agency and the Texas Association of School Boards governmental relations regarding the existence of similar practices with high school students. Neither organization had knowledge of similar situations, and both expressed preference for option 1.

## Comments/Questions

Q<sup>1</sup>: What types of students are performing the screenings?

A<sup>1</sup>: They are health occupation students, students that are going into the health/medical field.

Q<sup>2</sup>: Does this prohibit future changes?

A<sup>2</sup>: This action does not prohibit the program from revising the rules in the future.

Q<sup>3</sup>: What law does this refer to?

A<sup>3</sup>: The Texas Legislature passed HB 832 in 1985 requiring schools to offer spinal screening to students at the grade levels sixth & ninth in an attempt to detect & intervene for possible spine deformities in adolescent growth spurt years. This reflects in the Texas Administrative Code under Title 25, Part 1, §37.141-152; in the Health & Safety Code §37.001- 006, and the Texas Department of Health, School Health Program website ([http://www.tdh.state.tx.us/schoolhealth/spinal\\_screen\\_prop.htm](http://www.tdh.state.tx.us/schoolhealth/spinal_screen_prop.htm)).

Q<sup>4</sup>: What was the purpose of this concern?

A<sup>4</sup>: This school district wanted a definitive answer, however the current rules do not address this issue.

C<sup>1</sup>: As a principal in a school district, I am aware of the screening and its possible positive effects on students with spine deformities.

C<sup>2</sup>: Concerns expressed about the peer relationships involved with students' screening, privacy as well as judgement.

- e. Motion for approval of option 1 (one), motion seconded; chair puts to question the committee's approval of option 1 (one). Consensus approval of option 1 (one) to "include language in the definition of "screener" that would specify the person must be an adult (as defined in the Family Code) and a non-high school student (for those students already 18).
6. Mary Jackson reported on a blue ribbon panel meeting hosted by the American Lung Association discussing current recommendations for childhood tuberculosis (TB) screening.
    - a. Universal skin testing for children has been determined to not be cost effective, and if in a high risk area, there is a recommendation to perform a questionnaire, or "paper" screening;
    - b. A blue ribbon committee has researched the history, statistics of the screenings and a recommendation will be forthcoming;
    - c. No TB skin testing should be performed unless the follow-up is available and the screening program should be developed in collaboration from local schools and health departments.
    - d. Universal skin testing is not a recommendation of the Center for Disease Control (CDC) or the American Association of Physicians (AAP).

## Housekeeping

1. Working lunch with the BOH, next month February 21<sup>st</sup>.

- a. Committee to briefly meet after the lunch

# School Health Advisory Committee

January 10<sup>th</sup>, 2002

American Cancer Society  
2433 Ridgepoint Drive, Rm. 226  
Austin, Texas 78754  
10:30 a.m. – 2:30 p.m.

- b. Subcommittees to meet after committee meeting (pending room availability)
  - i. Legislative subcommittee
  - ii. Roles & Responsibilities subcommittee
- 2. Future agenda items at the request of the committee members:
  - a. Report from the legislative subcommittee;
  - b. Preliminary data report from the Survey Subcommittee;
  - c. Status of position paper from the Roles & Responsibilities subcommittee

## Adjourn

<sup>†</sup>: "This act is effective September 1, 2001," and "Not later than January 15<sup>th</sup> of each odd-numbered year, the office shall submit to the governor and the legislature a report concerning the effectiveness of the Acanthosis Nigricans screening program established by this chapter," related to HB 2989.

Approved by:



Ruth Stewart, Chair  
School Health Advisory Committee